

## APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	Method of Treating Cardiovascular Disease
Attorney Docket Number::	AM-100302P2USA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity::	No
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	
Contract or Grant Number::	
Secrecy Order in Parent Application::	

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Neal
Middle Name::	I
Family Name::	Azrolan
Name Suffix::	
City of Residence::	Lawrenceville
State or Province of Residence::	NJ
Country of Residence::	US
Street of Mailing Address::	286 Glenn Avenue
City of Mailing Address::	Lawrenceville
State or Province of Mailing Address::	NJ
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	08648

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	CANADA
Status::	Full Capacity
Given Name::	Surendra
Middle Name::	N
Family Name::	Sehgal
Name Suffix::	
City of Residence::	Snohomish
State or Province of Residence::	WA
Country of Residence::	US
Street of Mailing Address::	20711 76 <sup>th</sup> Avenue S.E.
City of Mailing Address::	Snohomish
State or Province of Mailing Address::	WA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	98296

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steven
Middle Name::	J
Family Name::	Adelman
Name Suffix::	
City of Residence::	Doylestown
State or Province of Residence::	PA
Country of Residence::	US
Street of Mailing Address::	342 Windy Run Drive
City of Mailing Address::	Doylestown
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	18901

Correspondence Information	
Correspondence Customer Number::	38199
Name::	Howson and Howson
Street of Mailing Address	Spring House Corporate Center, Box 457
City of Mailing Address	Spring House
State or Province of Mailing Address	Pennsylvania
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19477
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	CKodroff@HowsonandHowson.com

Representative Information		
Representative Customer No. 38199	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	Continuation of	10/313,217	December 6, 2002
10/313,217	Continuation of	09/880,295	June 13, 2001
	An appln. claiming the benefit under USC 119(e)	60/212,117	June 16, 2000

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information	
Assignee Name::	Wyeth
Street of Mailing Address::	Five Giralda Farms
City of Mailing Address::	Madison
State or Province of Mailing Address::	NJ
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	07940